



## ANONYMOUS PEER REVIEW FORM

Please return this form via email to rdsj@hawaii.edu, or via mail to Megan Conway, Review of Disability Studies, Center on Disability Studies, 1776 University Avenue, UA 4-6, Honolulu, HI 96822.

REVIEWER ID \_\_\_\_ MANUSCRIPT ID \_\_\_\_ DATE DUE \_\_\_\_

ADVICE TO THE EDITOR (WILL NOT BE SENT TO THE AUTHOR)

Evaluation:	High				Low
Contribution to existing knowledge	5	4	3	2	1
Organization and Readability	5	4	3	2	1
Soundness of methodology	5	4	3	2	1
Evidence supports conclusion	5	4	3	2	1
Adequacy of literature review	5	4	3	2	1

\_\_\_\_ ACCEPT: The manuscript warrants publication as an anonymous peer reviewed article. It is a solid contribution to the understanding of disability studies. It is well conceived and executed.

\_\_\_\_ ACCEPT WITH MINOR REVISIONS: The manuscript should be accepted after minor revisions, noted in the comments, are made. It will then be a sound contribution as an anonymous peer reviewed article. (The reviewer's comments must be sufficient for the author to respond to the reviewer's concerns.)

\_\_\_\_ REVISE AND RESUBMIT: The manuscript does not warrant publication in its current form, but it will warrant publication as an anonymous peer reviewed article with suggested revisions. (The reviewer's comments must be sufficient for the author to respond to the reviewer's concerns.)

\_\_\_\_ REJECT: The manuscript does not warrant publication as an anonymous peer reviewed article.

Additional Comments:



Comments for the Author from Peer Review

Manuscript ID \_\_\_\_ Title: \_\_\_\_\_

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Comments for the author(s):